

# Fax

Public Health Pediatrics Child Abuse Pediatrics

6621 Fannin, Suite A 275 Houston, TX 77030

[Pick the date] 7/23/18

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TO: Neisha	EDWARUS/CPS	FROM: Sandra Rosin	ski Russell, LMSW-AP
	,	PAGES: 7	
FAX:		FAX:	
PHONE:	and the second second	PHONE:	
CC:			
RE: MASON			
COMMENTS:			
_	O'AJSKIAN SA	PEU301	
_	- Chill Perd	estement Les hie Health B	oskas dofés
If you have any quest	tions, please feel free to c	ontact me at the above number.	
Thanks in advance,			,
URGENT	FOR REVIEW	PLEASE COMMENT	FOR YOUR RECORDS
			F

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Texas Children's Hospital

## REGARDING INJURY TO A CHILD

Patient's Name	Date
Date of Birth	Admit Date
1. History Given of Injury/Condition by Parent, Guardia Patient pushed himself off of a folding driveway (approx 2 foot drop)	n or Accompanying Adult: I lawn chair, landing on concrete
2. Detailed Description of Child's Medical Condition 2 separate SKull Fractures (parietofron Subdural hemorrhages (bleeding on both hemorrhages (bleeding in back of both	tal and occipital), multifocal sides of brain), bilateral retinal
3. Physician's Impressions Relating to the Condition of t	
Full prognocis of brain injury not yet with unexplained injuries are returned in which unexplained injury happen more severe injury.	ed into the same care environment
1. Could permanent physical damage or death result from	n failure to obtain immediate medical treatment?
i. In your professional opinion is the child's condition  Yes <u>X</u> No If no, why? White the repo the skull fractures, it does not explain the Mason's intracranial bleeding. A Hemate ongoing.	vited fall could account for one of ne other fracture or the extent of plagy workup for bleeding disorates is
yes	_
Hysician's Signature	Attending Physician's Signature
Dhyani Ghanghyi 14472- hysician's Printed Name pager # A	Backing Attending Physician's Printed Name Phone #
ubscribed and sworn to before me, the undersigned notary	public, on this 23 day of July 20 18
SAMERA ROSULSA NOTARY PE IDP 1320 State of To Comm. Exp. 09	UBLIC \$ 8405 \$ 8405 \$

07– <u>23–</u> 3 18 10:	49 FROM- TCH	+	T-49	5 P0003/0007 F-414
Įa į	Ag	e Sex	Date	Occurred
Case Name	Date Of	pserved	Witness	14 Cook
and frontall borne frontall	Nemovino D Y	aphs Taken: es 🛭 No te in RED ink on		multificati Subdiviral Incompression left occipital bone fracture
	this diagram type of dar color (i.e., E1	the area and mage and bruise i). Check off all urles indicated by		
	Mary Day	~ 7 23 18		
A. BONES	B. BURNS	C. SEXUAL ABU	SE D. INT	ERNAL INJURY
I. Simple fracture  2. Open fracture  3. Multiple fracture  4. Dislocation  5. Other	<ul> <li>1. Cigarette</li> <li>2. Scalding</li> <li>3. Chemical</li> <li>4. Flame</li> <li>5. Electrical</li> <li>6. Branding</li> <li>7. Immersion</li> <li>8. Other</li> </ul>	1. Fondling 2. Anal Entry 3. Vaginal Entr 4. Coitus 5. Oral Stimula	Ty C 3. I	internal Bleeding  Organ Damage  Organ  Intestinal Damage  Muscle Damage  Other
E. BRUISES & WOUNDS  1. Welts  2. Faded Bruise  3. Obvious Bruise  4. Soratches  5. Cuts  6. Open Wound  7. Gunshot Wound  8. Inflicted by:  Hand  Foot  Instrument	1. BRUISES & WOUNDS  Bruise Color:  0-2 days - swollen,tender 0-5 days - red,blue,purple 5-7 days - green 7-10 days - yellow 10-14 days - brown  HAS INJURY RESULTED IN Permanent Damage? Death of the Child?	F. HEAD INJURY  1. Brain Dama 2. Concussion 3. Skull Fractu 4. Dental Dama 5. Broken Bond 6. Split Lip 7. Black Eye L 8. Subdural Hei 9. Other	ge	URIES Dismemborment Exposure Malnutrition Poisoning Sprains Suffocation Hemorrhage Other (specify)



TEXAS CHILDREN'S HOSPITAL 6621 Fannin St Houston TX 77030 BRIGHT, MASON DEAN

Adm: 7/18/2018, D/C:

## Texas Children's Hospital

Mason Dean Bright

7/18/2018 5:48 PM ED to Hosp-Admission

Description: Male DOI

Filed: 07/21/18 1444

partment: Wt Surgery Care

MD Progress Note by Shanghvi, Dhvani R, MD at 07/21/18 1257

Author: Shanghvi, Dhvani R,

Service: Public Health

Author Type: FELLOW

MD

Pediatrics

Date of Service: 07/21/18 1257

Status: Atlested Addendum

Editor: Shanghvi, Dhvani R, MD (FELLOW)

Cosigner: Bachim, Angela N, MD at

07/21/18 1503

## Attestation signed by Bachim, Angela N, MD at 07/21/18 1503

I have examined the patient. I have reviewed, discussed and agree with history, exam assessment and plan as documented by CAP fellow Dr. Shanghvi. I have reviewed the clinical labs, radiological and other medical tests, and discussed results with appropriate personnel.

Discussed hematology work up plans with parents, including that those tests will take time to result.

Discussed ophthalmology findings with parents. Specifically discussed that the the diffuse (yet not fully out to the periphery) RH in the L eye are out of proportion to what would be expected with a simple short fall. Discussed that this is in context of RH healing every day since event that caused injury.

Discussed that there are still 2 skull fractures that would have needed 2 separate impacts to occur, and only a 1-impact explanation thus far in a non-mobile infant.

Discussed that the intracranial hemorrhage/fluid collections are still more extensive than would be expected from a short fall.

Parents had any concerns and question both over what to expect with CPS and regarding what to expect for Mason's prognosis.

Impression: Concerning for inflicted injury

In addition to Dr. Shangvi's plan, Mason's sibling will also be evaluated in CPH clinic. Please do not discharge until CPS has given dispo.

Angela Bachim, MD Child Protection Team Attending Pager 2290

> Child Protective Health Progress Note

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Mason is a previously healthy 5 month old male who presented after a reported fall from a lawn chair onto a concrete driveway and was subsequently found to have a left panetal and occipital skull fractures as well as bilateral subdural hemorrhages.

Per parents, C-spine was cleared this AM and Mason has been slightly more comfortable since C-collar was removed. He continues to have emesis with feeding and underwent a repeat CT today.

They have been unable to recall any further instances of significant trauma or accidental injuries to Mason's head.

## Current Medications

#### **Active Scheduled Medications:**

#### \*Physical Exam

Weight: 9.1 kg (20 lb 1 oz)	Height: 69 cm (2' 3.17")
	89 %ile (Z= 1.25) based on WHO (Boys, 0-2 years) weight-for-recumbent length data using vitals from 7/19/2018.
available only for age 2 to 5 years.	93 %ile (Z= 1.51) based on WHO (Boys, 0-2 years) weight-for-age data using vitals from 7/19/2018.
>99 %ile (Z= 2.52) based on WHO (Boys, 0-2 years) head circumference-for-age data using vitals from 7/19/2018.	·
Temp: 98 °F (36.7 °C)	Pulse: 85
BP: (!) 121/64	Resp: 24

General: alert, no acute distress, but fusses with examination

HEENT: Head: normocephalic, anterior fontanelle full

Eyes: Pupils equal, round, reactive to light, Sclera white, no subconjunctival hemorrhages

Ears: normal, no lesions or deformities, pinna are uninjured

Throat: Moist mucous membranes, no injuries to the labial or lingual frenulum.

Chest/Respiratory: No respiratory distress, symmetric and clear to auscultation bilaterally, No

palpable abnormalities to the clavicle or rib cage

Cardiovascular: Regular rhythm with quiet precordium, normal S1 and S2, and no murmur, rub, gallop, or click.

Abdomen: soft, non-tender, non-distended, no masses, bowel sounds normal, no hepatomegaly

Musculoskeletal/Extremities: No palpable bony nodules in the arms and legs, moves all extremities well, no gross deformities

Skin: no rashes, petechlae, lesions or ulcerations

Neurologic: alert, age appropriate, moving all extremities

### \*Results

7/18 Head CT: Minimally displaced linear left parietal and frontal bone fractures traversing the coronal suture with overlying scalp hematoma. Minimally displaced left occipital bone fracture with overlying scalp swelling. Right subdural hematoma.

7/18 CT C-spine: Mild asymmetry of the distance between the occipital condyles and the C1 lateral masses. No ligamentous injury.

7/19 MRI Brain/C-spine: Multifocal subdural hemorrhages along bilateral cerebral hemispheres, bilateral tentorium, and anterior aspect of the foramen magnum and upper cervical spinal canal. Small subdural hematoma along the anterior aspect of the foramen magnum and upper cervical spinal canal. Approximately 3 punctate foci of reduced diffusion in the left frontal and parietal cortex consistent with small areas of ischemia.

7/19 Skeletal Survey: No additional fractures noted.

7/20 Ophtho exam: Bilateral retinal hemorrhages. Right eye: flat, small hemes along inferior arcade. Left eye: small preretinal hemorrhage, diffuse small retinal hemorrhages surrounding the macula, but not extending all the way out to the periphery (refer to visual depiction in Opthalmology consult note).

7/21 Head CT: Evidence of increased ICP with widening of the fracture lines in the left frontal, parietal, and occipital calvarium. Partial resorption of hyperdense component of right subdural hemorrhage, but interval enlargement of bilateral hypodense subdural fluid collections. No midline shift. New subdural hemorrhage in the supra and infratentorial compartments.

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Concerning for abusive head trauma

#### Findings:

- 1. Left parietal and frontal bone fracture
- 2. Left occipital bone fracture
- 3. Multifocal subdural hemorrhages along bilateral cerebral hemispheres and bilateral tentorium
- 4. Subdural hematoma along foramen magnum and upper cervical spinal canal
- 5. Punctate foci of reduced diffusion in the left frontal and parietal cortex
- 6. Few small retinal hemorrhages contained to the posterior pole in the right eye
- 7. Diffuse small retinal hemorrhages and one small preretinal hemorrhage in the left eye, not fully extending to the periphery

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Mason is a previously healthy 5 month old male who presented after a reported fall from a lawn chair onto a concrete driveway and was subsequently found to have a left parietal and occipital skull fractures as well as bilateral subdural hemorrhages and bilateral retinal hemorrhages. Above findings were reviewed with both parents today. The single short-fall event described by Mason's parents could feasibly account for his parietal fracture; however, no explanation is provided for his occipital fracture. In addition, this degree of extensive intracranial bleeding and bilateral retinal hemorrhages would not be expected to occur secondary to a simple fall. These unexplained findings raise concern for possible inflicted injury.

- Appreciate Hematology recommendations re: further bleeding workup. Will follow-up results.
- 2. Patient will need a referral to Child Protective Health clinic CPHC (CPHC) for follow up examination and repeat skeletal survey in 2 weeks' time.
- 3. Please do NOT discharge Mason Dean Bright until Child Protective Services (CPS) provides a disposition.

Dhvani Shanghvi, MD Child Protection Team Fellow PGY-4 Pgr: 14472

Revision History >	
Patient Information	
Bright, Mason Dear	Male Male
No Routing History on File	